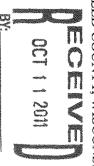
SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Washburn, WI 54891 (715) 373-6138 Bayfield County Zoning Department P.O. Box 58

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN



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Amount Paid:	Zoning Distric	D	Application N	
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Section Consumer	1000 J		5	
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S Bovi Lot Volume INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Changes in plans must be approved by the Zoning Department. Residence w/deck-porch (# of bedrooms) LAND USE Is your structure in a Shoreland Zone? Property Owner Structure: Telephone Address of Property Legal Description I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. ☐ Residential Accessory Building Addition (explain) □ 業 Residence w/attached garage (# of bedrooms) □ ★ Residence or Principal Structure (# of bedrooms) Fair Market Value Use Tax Statement for Legal Description Owner or Authorized Agent (Signature) ☐ Residential Other (explain) ☐ Residential Accessory Building (explain) [XResidential Addition / Alteration (explain) Address to send permit See Notice on Back Deck sq. ft. Residence sq. ft Residence sq. ft. hone 605 715 795 3934 New FAILURE TO OBTAIN A PERMIT $\underline{\alpha_I}$ STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES Martin + Phylu SANITARY [] Page × 헏 Ò 524S mes 000 130 of Deeds Addition (Home) 608 7862350 5 Block Deck(2) sq. ft Porch sq. ft / Garage sq. ft PRIVY 🔲 Square Footage Yes Lar screen APPLICANT 1/4 of Section So O The starte **8** P) [4 54873 Existing 16.416 Olson Parcel I.D. CONDITIONAL USE Live porch addition Subdivision PLEASE COMPLETE REVERSE SIDE If yes. Olevo-04-104-2-44-09-02-3-05-004-03000 West Salein, Township_ てき ひょうしん 人口 Commercial Principal Building Addition (explain) contractor Hill Construction Written Authorization Attached: □ Special/Conditional Use (explain) ☐ Commercial Other (explain) ☐ Mobile Home (manufactured date) Basement Distance from Shoreline: greater than 75' ≤ 75' to 40' ☐ less than 40 ☐ Authorized Agent Plumber ☐ External Improvements to Accessory Building (explain) ☐ External Improvements to Principal Building (explain) ☐ Commercial Accessory Building Addition (explain) ☐ Commercial Accessory Building (explain) ☐ Commercial Principal Building Type of Septic/Sanitary System Sanitary: NAH SPECIAL USE New Yes CSM# North, Range W 8 Existing 54669 B.O.A. Yes 🗌 (If you recently purchased the property Attach a Copy of Recorded Deed) 9 West. Town of Date _Acreage ATTACH
Copy of Tax Statement or V Davier. Number of Stories 10-7-11 Privy No No (Phone) 715-634-6750 (Phone) OTHER Barnes 200 City

Date IOI 19 Permit Issued: Reason for Denial: Condition: Mitigation Plan Required: Record: B PORTE TO LOUGH puramila m Pin ĕ ₹ |**X** Permit Number State Sanitary Number Street Mr. Free (3) (6) M Shuckud Me Permit Denied (Date) Vinces Date of Inspection Date Variance (B.O.A.) # onorored ן־מל Date of Approval 0 10-19 Warran

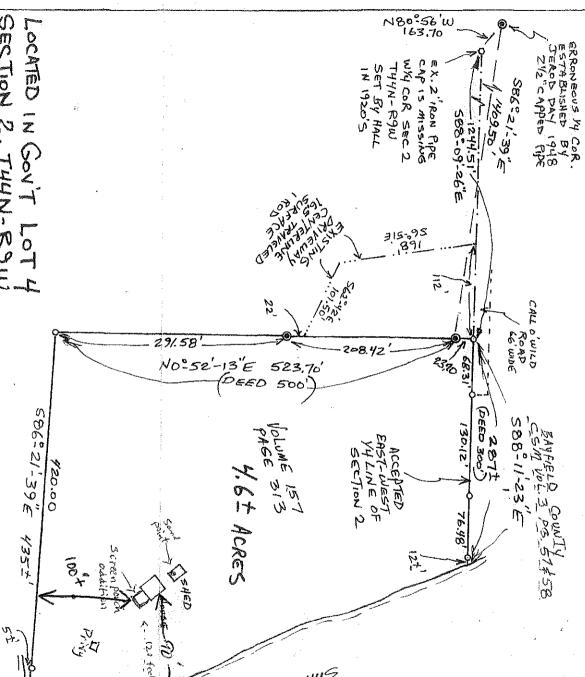




SAR-Y WEST SALEM, WI. LARK LANE CLIENT: 5466

PROJECT 光后! 9-22-97

(715) 634-3435 P.O. BOX 607 - HAYWARD, WI 54843 SURVEYING (800) 599-9781 FAX (715) 634-3864



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IN THE LATE 19405
AND MAPPED THE PROPERTY SHOWN UPON THIS PLAT AND THAT THE WITHIN PLAT IS A TRUE AND CORRECT REPRESENTATION OF THE BOUNDARIES OF THE LAND SURVEYED, TO THE BEST OF MY KNOWLEDGE AND BELIEF.